PTO/SB/04(12-04)

\$500-1190 BOOD! OF HOUSEN ON 101 PARAILOGA Under the Paperson Baduction Act of 1995, no periods are required to respond to a collection of information unless I displaye a valid CMB control tumber. U.S. Peleri and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD 10/648/ Substitute for Form PTO-875 . Effective December 6, 2004 APPLICATION AS FILED - PARTI. OTHER THAN (Column 1) · (Cainin 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FLED HUMBER EXTRA BASIC FEE FEE A RATE (4) FEE(1) NA 17 CFA 1 16(1) (6) a (6) N/A t-VA 150.00 ŇA 300.00 SEARCHFEE (31 CFR 1 16(W. H. or [m] NVA NIA NA \$250 NIA EXAMINATION FE \$600 : N/A (37 CFR 1 1610). (p), or (q)) N/A NV \$100 NA TOTAL CLAIMS \$200 (37.CFR 1 16(d) munus 20 . X\$ 25 X\$50 INDEPENDENT CLAIMS ÓR (37 CFR 1 16(N) X100 C aurum X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due ts \$260 (\$128 for small entity) for each TOT CER LIGHT additional 50 streets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT DI CER I IGUI +180= 4360± • If the difference in column 1 is less then 2010, enler "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II. (Column 1) (Column 2) OTHER THAN (Column 3): OR SMALL ENTITY CLXIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (1) 06 ADDI-AFTER AOO! TIONAL FEE (1) RATE(\$) PREVIOUSLY EXTRA TIONAL KENDMENT PAID FOR FEE (1) Protect Line Minus X\$ 25 X\$50 OR hdependent profesitemu Minus X100 X200 oπ Application Size Fée (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING œ NUMBER PRESENT RATE (\$) ADOI-TIONAL RATE (\$) AFTER. PREVIOUSLY EXTRA ADOI-MENOMENT TIONAL FEE (4) PAID FOR **AMENDINE** FEE (4) Total Minus X\$ 25 X\$50 OR tropendent . Minus X100 X200. Application 6 tz 6 F40 (37 CFR 1.16(8)) **PO** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.160) **+180**= +360z OR TOTAL. TOTAL. OR If the entry in column 1 is best than the entry in column 2, write "V in column 3.

If the "Highest Number Previously Paid For" IN THE SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

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bding gatheting, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any committee amount of third you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent 1 Trademark Officer, U.S. Pepartment of Commerce, P.O. Box 1450, Alexandria, VA 22318-1450; DO NOT SEND FEES OR COMPLETED FORMS TO THIS ORBES. SEND TO: Germinasion of Patents, P.O. Box 1460, Alexandria, VA 22313-1450.